

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

FOR USE WITH THE UNIFORM LIFE, ACCIDENT & HEALTH, ANNUITY CREDIT TRANSMITTAL DOCUMENT: Item 8, Type of Insurance, on the Uniform Life, Accident & Health, Annuity, Credit Transmittal Document is completed by listing all appropriate Filing Codes from this matrix. Please read the descriptions carefully as the policy reviewers will be looking at these filing codes when deciding what review standards/checklists are appropriate for this filing.

TOI	Sub-TOI	Description
Annuities		An arrangement whereby an annuitant is guaranteed to receive a series of payments commencing either immediately or at some future date.
A01 Annuities – Assumption Agreement	A01.000 Annuities – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
A02G Group Annuities – Deferred Non-variable Benefit		An annuity contract that provides for the initiation of payments at some designated future date. The minimum interest credited is guaranteed and may be flexible above the guaranteed rate.
	A02G.001 Fixed Premium	An annuity where premium payment(s) are fixed.
	A02G.002 Flexible Premium	The premium payment(s) are flexible.
	A02G.003 Single Premium	Purchase by the payment of one lump sum.
A02I Individual Annuities- Deferred Non-Variable Benefit		An annuity contract that provides for the initiation of payments at some designated future date. The minimum interest credited is guaranteed and may be flexible above the guaranteed rate.
	A02I.001 Fixed Premium	An annuity where premium payment(s) are fixed.
	A02I.002 Flexible Premium	The premium payment(s) are flexible.
	A02I.003 Single Premium	Purchase by the payment of one lump sum.
A03G Group Annuities – Deferred Variable Benefit		Provides for the accumulation of funds to be applied at some future date designated by the policyholder. Must include either at least one option to have the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder or at least one option to have the series of payments vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder.
	A03G.001 Fixed Premium	Premium payment(s) are predetermined.
	A03G.002 Flexible Premium	Premium payment(s) are not predetermined.
	A03G.003 Single Premium	Purchase by the payment of one lump sum.
A03I Individual Annuities – Deferred Variable Benefit		Provides for the accumulation of funds to be applied at some future date designated by the policyholder. Must include either at least one option to have the accumulation vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder or at least one option to have the series of payments vary in accordance with the rate of return of the underlying investment portfolio selected by the policyholder.

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TOI	Sub-TOI	Description
	A03I.001 Fixed Premium	Interest credited is not guaranteed and premium payment(s) are predetermined.
	A03I.002 Flexible Premium	Interest credited is not guaranteed and premium payment(s) are not predetermined.
	A03I.003 Single Premium	Purchase by the payment of one lump sum.
A04G Group Annuities – Immediate	A04G .000 Annuities - Immediate	An annuity in which annuity payouts begin within 13 months.
A04I Individual Annuities – Immediate	A04 .000 Annuities - Immediate	An annuity in which annuity payouts begin within 13 months.
A05G Group Annuities – Immediate Non-variable Benefit	A05.000 Annuities – Immediate Non-variable Benefit	An annuity contract which provides for the fixed payment of the annuity at the end of the first interval of payment after purchase. The interval may vary, however the annuity payouts must begin within one year.
A05I Individual Annuities- Immediate Non-Variable Benefit	A05I.000 Annuities – Immediate Non-variable Benefit	An annuity contract which provides for the fixed payment of the annuity at the end of the first interval of payment after purchase. The interval may vary, however the annuity payouts must begin within one year.
A06G Group Annuities – Immediate Variable Benefit	A06G.000 Annuities – Immediate Variable Benefit	An annuity contract which provides for the first payment of the annuity at the end of the fixed interval of payment after purchase. The interval may vary, however the annuity payouts must begin within one year. The amount varies with the value of equities (separate account) purchased as investments by the insurance companies.
A06I Individual Annuities – Immediate Variable Benefit	A06I.000 Annuities – Immediate Variable Benefit	An annuity contract which provides for the first payment of the annuity at the end of the fixed interval of payment after purchase. The interval may vary, however the annuity payouts must begin within one year. The amount varies with the value of equities (separate account) purchased as investments by the insurance companies.
A07G Group Annuities –		Contracts with certain noteworthy attributes.
	A07G.001 Equity Indexed	A fixed annuity that earns interest or provides benefits that are linked to an external reference or equity index, subject to a minimum guarantee.
	A07G.002 Modified Guaranteed	An annuity that contains a provision that adjusts the value of withdrawn funds based on a formula in the contract. The formula reflects market value adjustments.
A07I Individual Annuities – Special		Contracts with certain noteworthy attributes.
	A07I.001 Equity Indexed	A fixed annuity that earns interest or provides benefits that are linked to an external reference or equity index, subject to a minimum guarantee.
	A07I.002 Modified Guaranteed	An annuity that contains a provision that adjusts the value of withdrawn funds based on a formula in the contract. The formula reflects market value adjustments.
A08G Group Annuities – Unallocated		Annuity contracts or portions thereof where the Insurer purchases an annuity for the retirees.
	A08G.001 Funding Agreement	Contracts that guarantee principal and interest for a specified period of time and do not include the option to purchase immediate annuities that depend on the survival of the annuitant.

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TOI	Sub-TOI	Description
	A08G.002 GIC	Contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.
	A08G.003 Deposit Administration	Annuity contracts that typically provide for an unallocated fund accumulation for active lives out of which immediate annuities are purchased for individuals at retirement and deferred annuities are purchased for terminated employees with vested benefits.
A08I Individual Annuities – Unallocated		Annuity contracts or portions thereof where the Insurer purchases an annuity for the retirees.
	A08I.001 Funding Agreement	Contracts that guarantee principal and interest for a specified period of time and do not include the option to purchase immediate annuities that depend on the survival of the annuitant.
	A08I.002 GIC	Contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.
	A08I.003 Deposit Administration	Annuity contracts that typically provide for an unallocated fund accumulation for active lives out of which immediate annuities are purchased for individuals at retirement and deferred annuities are purchased for terminated employees with vested benefits.
A10 Annuities – Other	A10.000 Annuities – Other	Not specifically described above.
Continuing Care Retirement Communities		
CC01G Group Continuing Care Retirement Communities		Continuing Care Retirement Communities are senior housing arrangements that in addition to housing include some provision for skilled nursing care.
	CC01G.000 CCRC – Type A	Type A communities are also referred to as Life Care Communities. There is no increase in the required monthly fee when the resident enters the skilled nursing facility.
	CC02G.000 CCRC – Type B	Type B communities are those that don't meet the definition of Type A or Type C. They may involve some combination of full skilled nursing home benefits, but only for a limited period of time and/or an increase in the monthly fee when the resident enters the skilled nursing facility but not up to full market rates.
	CC03G.000 CCRC – Type C	Type C communities guarantee access to a skilled nursing home bed but the residents pays the full market rate.
	CC04G.000 CCRC – Other	Not specifically described above.
CC01I Individual Continuing Care Retirement Communities	CC01I.000 CCRC – Type A	Type A communities are also referred to as Life Care Communities. There is no increase in the required monthly fee when the resident enters the skilled nursing facility.
	CC02I.000 CCRC – Type B	Type B communities are those that don't meet the definition of Type A or Type C. They may involve some combination of full skilled nursing home benefits, but only for a limited period of time and/or an increase in the monthly fee when the resident enters the skilled nursing facility but not up to full market rates.

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	CC03I.000 CCRC – Type C	Type C communities guarantee access to a skilled nursing home bed but the residents pays the full market rate.
	CC04I.000 CCRC – Other	Not specifically described above.
Credit		Coverage on a debtor in favor of a creditor to pay off or reduce the balance due on a loan/credit transaction in the event of a covered loss.
CR01 Credit – Assumption Agreement	CR01.000 Credit – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
CR02 G Group Credit – Credit Disability		Makes monthly loan/credit transaction payments to the creditor upon the disablement of an insured debtor.
	CR02G.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02G.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR02G.004 Full Term	Coverage for the entire term of the loan/credit transaction.
	CR02G.005 Critical Period	Disability benefits are limited to a specific number of months or for the remaining term of the loan/credit transaction, if less.
	CR02G.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
	CR02G.007 Other	Not specifically described above.
CR02I Individual Credit – Credit Disability		Makes monthly loan/credit transaction payments to the creditor upon the disablement of an insured debtor.

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TOI	Sub-TOI	Description
	CR02I.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02I.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR02I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR02I.004 Full Term	Coverage for the entire term of the loan/credit transaction.
	CR02I.005 Critical Period	Disability benefits are limited to a specific number of months or for the remaining term of the loan/credit transaction, if less.
	CR02I.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
	CR02I.007 Other	Not specifically described above.
CR03G Group Credit - FMLA		Makes loan/credit transaction payments to the creditor when the debtor is on unpaid leave from his/her job under the Family and Medical Leave Act (FMLA)
	CR03G.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.

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TOI	Sub-TOI	Description
	CR03G.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allow for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
CR03I Individual Credit -FMLA		Makes loan/credit transaction payments to the creditor when the debtor is on unpaid leave from his/her job under the Family and Medical Leave Act (FMLA)
	CR03I.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03I.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allow for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR03I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
CR04G Group Credit - Life		Contracts sold in connection with loan/credit transactions or other credit transactions, which do not exceed a stated duration and/or amount and provide insurance protection against death.

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	CR04G.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04G.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04G.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR04G.004 Gross	Coverage for the total amount payable on the loan/credit transaction (the net indebtedness plus the scheduled interest charges).
	CR04G.005 Net	Coverage for the scheduled or actual unpaid principal amount of the loan/credit transaction.
	CR04G.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
CR04I Individual Credit - Life		Contracts sold in connection with loan/credit transactions or other credit transactions, which do not exceed a stated duration and/or amount and provide insurance protection against death.
	CR04I.001 Monthly Premium – Open-End	A fixed rate is applied each month to the declining outstanding balance owed on a open-end loan/credit transaction or revolving charge account (i. e. the loan/credit transaction does not have a fixed termination date). Actual premium amounts decline along with the declining outstanding balance from month to month. Premium charges track accordingly. The outstanding balance may increase from time to time when an additional advance is taken on a line of credit or additional credit card charges are made by the insured; monthly premium charges will track accordingly. The debtor is charged monthly for coverage on a loan/credit transaction that allows for the debtor (subject to credit limits) to increase the indebtedness upon demand.

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TOI	Sub-TOI	Description
	CR04I.002 Monthly Premium – Closed-End	A fixed rate is applied each month to the declining outstanding balance owed on a closed-end loan/credit transaction (i.e. the loan/credit transaction has a fixed termination date). Premium amounts are determined based on the declining outstanding balance. Premiums can be charged on a declining monthly basis or level monthly basis. The debtor is charged monthly for coverage on a loan/credit transaction that does not allow for the debtor (subject to credit limits) to increase the indebtedness upon demand.
	CR04I.003 Single Premium	The debtor is charged by a single premium for this insurance protection.
	CR04I.004 Gross	Coverage for the total amount payable on the loan/credit transaction (the net indebtedness plus the scheduled interest charges).
	CR04I.005 Net	Coverage for the scheduled or actual unpaid principal amount of the loan/credit transaction.
	CR04I.006 Truncated	Coverage for a term less than the term of the loan/credit transaction.
CR05 Credit - Property		This section is for use where credit property is handled by the life and/or health section of the state insurance department.
	CR05.001 Fire & Extended Coverage	This is a line of coverage that takes the place of a regular homeowner's policy. It is probably viewed as credit property insurance. Fire and Extended Coverage provides the most basic and limited coverage on a dwelling in the event of a fire. The extended coverage part provides for perils in addition to fire, such as vandalism, malicious mischief, smoke, water, windstorm and hail, explosion, riot, civil commotion, etc.
	CR05.002 Other	Not specifically described above.
CR06 Credit – Involuntary Unemployment		This section is for use where credit unemployment is handled by the life and/or health section of the state insurance department. This coverage makes loan/credit transaction payments to the creditor when the debtor becomes involuntarily unemployed.
	CR06.001 Monthly Premium – Open-End	“Open-end credit” means credit extended by a creditor by an agreement that is a line of credit loan/credit transaction, a revolving charge plan, or any other open-end self-replenishing credit arrangement between the creditor and a customer that may be drawn upon from time to time by the customer without renegotiating the lending agreement. The customer may repay the full outstanding balance at any time, or a specified minimum portion of the indebtedness.
	CR06.002 Monthly Premium – Open-End	“Closed-end credit” means a credit agreement on which payments are due in equal monthly installments for a fixed term.
	CR06.003 Single Premium	“Single premium” means the purchase of insurance by the payment of one lump sum on the date coverage begins.

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TOI	Sub-TOI	Description
CR07 Credit – Other	CR07.000 Credit - Other	Not specifically described above.
Health		Accident & health contracts provide benefits for losses resulting from accident, sickness or medical condition.
H01 Health – Assumption Agreement	H01.000 Health – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
H02G Group Health – Accident Only	H02G.000 Health – Accident Only	An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.
H02I Individual Health – Accident Only	H02I.000 Health – Accident Only	An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.
H03G Group Health – Accidental Death & Dismemberment	H03G.000 Health – Accidental Death & Dismemberment	An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.
H03I Individual Health – Accidental Death & Dismemberment	H03I.000 Health – Accidental Death & Dismemberment	An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.
H04 Health – Blanket Accident/Sickness	H04.000 Health – Blanket Accident/Sickness	A health insurance contract that covers all of a class of persons not individually identified in the contract.
	H04.001 Student	A health insurance contract that covers a class of students not individually identified in the contract.
H05 Health – Champus/Tricare Supplement	H05.000 Health – Champus/Tricare Supplement	Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.
H06 Health – Conversion	H06.000 Health – Conversion	Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.
H07G Group Health – Specified Disease – Limited Benefit		Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07G.001 Critical Illness	Benefits can be paid as expense incurred, per diem, or as a principle sum.
	H07G.002 Dread Disease	Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid on as expense incurred, per diem, or a principle sum.
	H07G.002A Dread Disease – Cancer Only	Provides benefits for losses resulting from cancer and its associated diagnosis and treatments. Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.

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TOI	Sub-TOI	Description
	H07G.003 HIV Indemnity	Provides benefits for losses resulting from occupational exposure and infection of the Human Immunodeficiency Virus. Benefits often include some form of occupational income replacement. Benefits can be paid as expense incurred, per diem, or a principle sum.
H07I Individual Health – Specified Disease – Limited Benefit		Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07I.001 Critical Illness	Benefits can be paid as expense incurred, per diem, or as a principle sum.
	H07I.002 Dread Disease	Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid on as expense incurred, per diem, or a principle sum.
	H07I.002A Dread Disease – Cancer Only	Provides benefits for losses resulting from cancer and its associated diagnosis and treatments. Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.
	H07I.003 HIV Indemnity	Provides benefits for losses resulting from occupational exposure and infection of the Human Immunodeficiency Virus. Benefits often include some form of occupational income replacement. Benefits can be paid as expense incurred, per diem, or a principle sum.
H08G Group Health – Intensive Care – Limited Benefit	H08G.000 Health – Intensive Care – Limited Benefit	Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.
H08I Individual Health – Intensive Care – Limited Benefit	H08I.000 Health – Intensive Care – Limited Benefit	Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.
H09G Group Health – Organ & Tissue Transplant – Limited Benefit	H09G.000 Health – Organ & Tissue Transplant – Limited Benefit	Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.
H09I Individual Health – Organ & Tissue Transplant – Limited Benefit	H09I.000 Health – Organ & Tissue Transplant – Limited Benefit	Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.
H10G Group Health - Dental	H10G.000 Health - Dental	Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
H10I Individual Health - Dental	H10I.000 Health - Dental	Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.
H11G Group Health – Disability Income		A policy designed to compensate insured individuals for a portion of the income they lose because of a disabling injury or illness.

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	H11G.001 Business Expense Overhead	A policy designed to compensate insured individuals for business expenses that are lost because of a disabling injury or illness.
	H11G.002 Short Term	Disability income insurance that provides a benefit for a short disability. Individual short-term disability insurance features a maximum benefit period of from one to 5 years. Group short-term disability usually specifies a maximum benefit period of less than one year.
	H11G.003 Long Term	The group disability maximum benefit period commonly extends to retirement or age 70. In individual insurance, disability income insurance, the maximum benefit period is greater than 5 years, commonly extending to age 65 or for the insured's lifetime. Group long-term disability usually specifies a maximum benefit period of at least one year.
	H11G.004 Other	Not specifically described above.
H11I Individual Health – Disability Income		A policy designed to compensate insured individuals for a portion of the income they lose because of a disabling injury or illness.
	H11I.001 Business Expense Overhead	A policy designed to compensate insured individuals for business expenses that are lost because of a disabling injury or illness.
	H11I.002 Short Term	Disability income insurance that provides a benefit for a short disability. Individual short-term disability insurance features a maximum benefit period of from one to 5 years. Group short-term disability usually specifies a maximum benefit period of less than one year.
	H11I.003 Long Term	The group disability maximum benefit period commonly extends to retirement or age 70. In individual insurance, disability income insurance, the maximum benefit period is greater than 5 years, commonly extending to age 65 or for the insured's lifetime. Group long-term disability usually specifies a maximum benefit period of at least one year.
	H11I.004 Other	Not specifically described above.
H12 Health – Excess/Stop Loss		This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount.
	H12.001 Accident & Sickness	Accident is a form of insurance against loss from an unforeseen mishap that results in bodily injury to the insured. Sickness refers to those insurance contracts that guard against losses associated with the illness and disease of the insured.
	H12.002 Managed Care	A system of health care delivery where the primary goal is to deliver value by giving people access to high quality, cost-effective health care through monitoring and recommending utilization of services, and overseeing costs of services.

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	H12.003 Provider	Any individual or group of individuals that provides a health care services. A provider may be, but is not limited to, a physician, hospital, group medical practice, nurse, nursing home or a pharmacy.
	H12.004 Self-Funded Health Plan	An insurance contract that covers an employer's exposure to losses incurred under a self-funded health plan.
H13G Group Health – Short Term Care		Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.
	H13G.001 Home Health Care	Coverage that provides medical and non--medical services provided to ill, disabled or infirm persons in their residences.
	H13G.002 Nursing Home	Coverage provided in a facility setting for health related services for the purpose of supporting frail, impaired elderly or other disabled adults who require continued care and attention.
	H13G.003 Adult Day Care	Coverage provided for individuals of social and health related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who benefit from care in a group setting outside the home.
H13I Individual Health – Short Term Care		Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.
	H13I.001 Home Health Care	Coverage that provides medical and non--medical services provided to ill, disabled or infirm persons in their residences.
	H13I.002 Nursing Home	Coverage provided in a facility setting for health related services for the purpose of supporting frail, impaired elderly or other disabled adults who require continued care and attention.
	H13I.003 Adult Day Care	Coverage provided for individuals of social and health related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who benefit from care in a group setting outside the home.
H14G Group Health - Hospital Indemnity	H14G.000 Health - Hospital Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition..
H14I Individual Health - Hospital Indemnity	H14I.000 Health - Hospital Indemnity	An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition..

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TOI	Sub-TOI	Description
H15G Group Health – Hospital/Surgical/Medical Expense		An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.
	H15G.001 Any Size Group	A hospital/surgical/medical expense contract that may be issued to any size group.
	H15G.002 Large Group Only	A hospital/surgical/medical expense contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered.
	H15G.003 Small Group Only	A hospital/surgical/medical expense contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered.
H15I Individual Health – Hospital/Surgical/Medical Expense	H15I.001 Health – Hospital/Surgical/Medical Expense	An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.
H16G Group Health – Major Medical		A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered.
		A major medical contract that may be issued to any size group.
	H16G.001A Any Size Group – PPO	A major medical contract that may be issued to any size group. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.001B Any Size Group – POS	A major medical contract that may be issued to any size group. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.001C Any Size Group - Other	A major medical contract that may be issued to any size group. Not specifically described above.
		A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered.
	H16G.002A Large Group Only – PPO	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.002B Large Group Only - POS	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	H16G.002C Large Group Only - Other	A major medical contract that may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.
		A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered.
	H16G.003A Small Group Only - PPO	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.003B Small Group Only – PPO Basic	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.003C Small Group Only – PPO Standard	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A standard plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16G.003D Small Group Only – POS	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16G.003E Small Group Only – POS Basic	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. One of the benefit plans that must be offered in most states in the small group market. The specifications vary from state to state but the basic plan generally has lower benefits than the other state mandated plan: the standard benefit plan.
	H16G.003F Small Group Only – POS Standard	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. One of the benefit plans that must be offered in most states in the small group market. The specifications vary from state to state but the standard plan generally has higher benefits than the other state mandated plan: the basic benefit plan.
	H16G.003G Small Group Only - Other	A major medical contract that may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	H16G.004 Short Term	A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable.
H16I Individual Health – Major Medical		A major medical contract that may be issued only to “individuals” as that term is defined in the state in which the contract will be delivered.
	H16I.005A Individual – Preferred Provider (PPO)	A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	H16I.005B Individual – Point-of-Service (POS)	A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	H16I.005C Individual - Other	Not specifically described above.
	H16I.004 Short Term	A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable.
H17G Group Health – Prescription Drug	H17G.000 Health – Prescription Drug	Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.
H17I Individual Health – Prescription Drug	H17I.000 Health – Prescription Drug	Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.
H18G Group Health - Sickness	H18G.000 Health - Sickness	Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.
H18I Individual Health - Sickness	H18I.000 Health - Sickness	Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.
H19I Individual Health - Travel	H19I.000 Health - Travel	Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)
H19G Group Health - Travel	H19G.000 Health - Travel	Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
H20G Group Health – Vision	H20G.000 Health – Vision	Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.
H20I Individual Health – Vision	H20I.000 Health – Vision	Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.
H21 Health - Other	H21.000 Health - Other	Not specifically described above.
Health Maintenance (HMO)		A form of health insurance combining a range of coverages in a group basis. These coverages are offered on a prepaid basis to plan members. Members generally must use contracted medical service providers.
HOrg01 Health Organizations – Assumption Agreement	HOrg01.000 Health Organizations – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
HOrg02G Group Health Organizations – Health Maintenance (HMO)		A plan under which an enrollee pays a membership fixed fee in advance in return for a wide range of comprehensive health care services with the HMO's approved providers in a designated service area.
	HOrg02G.001 Conversion	Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.
		Coverage may be issued to any size group.
	HOrg02G.002A Any Size Group - PPO	Coverage may be issued to any size group. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.002B Any Size Group - POS	Coverage may be issued to any size group. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
		Coverage may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered.
	HOrg02G.003A Large Group Only - PPO	Coverage may be issued only to "large groups" as that term is defined in the state in which the contract will be delivered. A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	HOrg02G.003B Large Group Only - POS	Coverage may be issued only to “large groups” as that term is defined in the state in which the contract will be delivered. A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
		Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered.
	HOrg02G.004A Small Group Only – PPO Basic	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A PPO basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004B Small Group Only – PPO Standard	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A PPO standard plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004C Small Group Only – POS Basic	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A POS basic plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004D Small Group Only – POS Standard	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. A POS standard plan which would provide incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02G.004E Small Group Only – Other	Coverage may be issued only to “small groups” as that term is defined in the state in which the contract will be delivered. Not specifically described above.
HOrg02I Individual Health Organizations – Health Maintenance (HMO)		Coverage may be issued only to “individuals” as that term is defined in the state in which the contract will be delivered.
	HOrg02I.005A Individual – Preferred Provider (PPO)	A plan that provides incentives to enrollees to use plan providers, but still provides lesser coverage if the enrollee chooses a non-plan provider.
	HOrg02I.005B Individual – Point-of-Service (POS)	A combination of traditional indemnity health insurance and an HMO under which an enrollee is able to select the type of coverage at the time a service is needed.
	HOrg02I.005C Individual – Other	Not specifically described above.
HOrg03 Health - Other	HOrg03.000 Health - Other	Not specifically described above.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
Life		An insurance contract that provides a specified benefit amount to a named beneficiary upon the death of the insured.
L01 Life – Assumption Agreement	L01.000 Life – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
L02G Group Life – Endowment	L02G.000 Life – Endowment	An insurance contract which pays the same benefit amount should the insured die during the term of the contract, or if the insured survives to the end of the specified policy term or age.
L02I Individual Life – Endowment	L02I.000 Life – Endowment	An insurance contract which pays the same benefit amount should the insured die during the term of the contract, or if the insured survives to the end of the specified policy term or age.
L03G Group Life - Special		Contracts with certain noteworthy attributes.
	L03G.001 Juvenile	Life insurance written on the lives of children under a specified age and usually owned by the parent or parents.
	L03G.002 Pre-need/Funeral	A life insurance policy sold and used to fund the costs of funeral goods and services that a funeral home or director agrees to provide a person in a separate written agreement.
	L03G.003 Early Duration Reduced Benefit	A life insurance policy in which the death benefit is substantially lower if the insured dies during a specified number of years after the policy effective date.
	L03G.004 Mortgage	A life insurance policy in which the death benefit may be used to repay the mortgage on the insured's home, and the death benefit is payable to the mortgagor.
	L03G.005 External Indexed	Life insurance where policy values are linked to an external market index out of the company's control, such as the S&P 500 Index.
	L03G.006 Joint 1 st to Die	Life insurance where the policy insures two lives and pays the specified death benefit upon the death of the first of the two insureds to die.
	L03G.007 Joint 2 nd to Die	Life insurance where the policy that insures two lives pays a specified death benefit only after both insureds have died.
L03I Individual Life - Special		Contracts with certain noteworthy attributes.
	L03I.001 Juvenile	Life insurance written on the lives of children under a specified age and usually owned by the parent or parents.
	L03I.002 Pre-need/Funeral	A life insurance policy sold and used to fund the costs of funeral goods and services that a funeral home or director agrees to provide a person in a separate written agreement.
	L03I.003 Early Duration Reduced Benefit	A life insurance policy in which the death benefit is substantially lower if the insured dies during a specified number of years after the policy effective date.
	L03I.004 Mortgage	A life insurance policy in which the death benefit may be used to repay the mortgage on the insured's home.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	L03I.005 External Indexed	Life insurance where policy values are linked to an external market index out of the company's control, such as the S&P 500 Index.
	L03I.006 Joint 1 st to Die	Life insurance where the policy insures two lives and pays the specified death benefit upon the death of the first of the two insureds to die.
	L03I.007 Joint 2 nd to Die	Life insurance where the policy that insures two lives pays a specified death benefit only after both insureds have died.
L04G Group Life – Term		Life insurance where the policy provides protection only for a specified period of time.
	L04G.001 Annual Renewable Indeterminate Premium	Term life insurance where the premiums may increase during the term of the policy.
	L04G.002 Convertible	Term life insurance where the policy stated premiums do not increase during the term of the policy, and does accrue values.
	L04G.003 Other	Not specifically described above.
L04I Individual Life – Term		Life insurance where the policy provides protection only for a specified period of time.
	L04I.001 Annual Renewable Indeterminate Premium	Term life insurance where the premiums may increase during the term of the policy.
	L04I.002 Convertible	Term life insurance where the policy stated premiums do not increase during the term of the policy, and does accrue values.
	L04I.003 Other	Not specifically described above.
L05G Group Life - Universal		A life insurance policy under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to a policy.
	L05G.001 Last Survivor	Life insurance where the policy insures two lives and will pay the specified death benefit only after both the insured's have died.
	L05G.002 Fixed Premium	Life insurance that requires the insured to pay a specified modal premium for the policy to remain in force.
	L05G.003 Flexible Premium	Life insurance that allows the insured to vary the modal premium that is paid or skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L05G.004 Single Premium	Life insurance in which the insured pays only one specified premium amount at the time the policy is issued.
L05I Individual Life - Universal		A life insurance policy under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to a policy.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	L05I.001 Last Survivor	Life insurance where the policy insures two lives and will pay the specified death benefit only after both the insured's have died.
	L05I.002 Fixed Premium	Life insurance that requires the insured to pay a specified modal premium for the policy to remain in force.
	L05I.003 Flexible Premium	Life insurance that allows the insured to vary the modal premium that is paid or skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L05I.004 Single Premium	Life insurance in which the insured pays only one specified premium amount at the time the policy is issued.
L06G Group Life - Variable		Life insurance whose face value varies depending upon the value of underlying securities.
	L06G.001 Fixed Premium	Life insurance requiring the insured to pay a specified modal premium for the policy to remain in force.
	L06G.002 Flexible Premium	Life insurance that allows the insured to vary the modal premium that is paid or skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L06G.003 Single Premium	Life insurance in which the insured would pay only one specified premium amount at the time the policy is issued.
L06I Individual Life - Variable		Life insurance whose face value varies depending upon the value of underlying securities.
	L06I.001 Fixed Premium	Life insurance requiring the insured to pay a specified modal premium for the policy to remain in force.
	L06I.002 Flexible Premium	Life insurance that allows the insured to vary the modal premium that is paid or skip a payment, so long as the policy value is sufficient to keep the policy in force.
	L06I.003 Single Premium	Life insurance in which the insured would pay only one specified premium amount at the time the policy is issued.
L07G Group Life - Whole		Life insurance that may be kept in force for a person's entire life and that pays a benefit upon the person's death, whenever that may be.
	L07G.001 Single Premium	Life insurance in which the insured would pay only one specified premium amount at the time the policy is issued.
	L07G.002 Limited Pay Premium	Life insurance for which the insured no longer needs to make premium payments at the end of a specified term of years or to a specified age.
	L07G.003 Modified Whole Life	Life insurance which premiums are calculated so that the first few years are less than normal, and subsequent premiums are higher than normal.
L07I Individual Life - Whole		Life insurance that may be kept in force for a person's entire life and that pays a benefit upon the person's death, whenever that may be.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	L07I.001 Single Premium	Life insurance in which the insured would pay only one specified premium amount at the time the policy is issued.
	L07I.002 Limited Pay Premium	Life insurance for which the insured no longer needs to make premium payments at the end of a specified term of years or to a specified age.
L08 Life - Other	L08.000 Life - Other	Not specifically described above.
Long Term Care		Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.
LTC01 Long Term Care – Assumption Agreement	LTC01.000 Long Term Care – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
LTC02G Group Long Term Care – Home Care Only		Coverage that provides coverage for non-institutional care provided in a person's own home or in an adult day care setting.
	LTC02G.001 Qualified	A home care only policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC02G.002 Non Qualified	A home care only policy that does not meet the federal IRS requirements.
	LTC02G.003 Other	Not specifically described above.
LTC02I Individual Long Term Care – Home Care Only		Coverage that provides coverage for non-institutional care provided in a person's own home or in an adult day care setting.
	LTC02I.001 Qualified	A home care only policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC02I.002 Non Qualified	A home care only policy that does not meet the federal IRS requirements.
	LTC02I.003 Other	Not specifically described above.
LTC 03G Group Long Term Care		Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.
	LTC03G.001 Qualified	A long term care policy that meets the federal IRS requirements to qualify for a tax deduction.
	LTC03G.002 Non Qualified	A long term care policy that does not meet the federal IRS requirements to qualify for a tax deduction.
	LTC03G.003 Other	Not specifically described above.
LTC 03I Individual Long Term Care		Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.
	LTC03I.001 Qualified	A long term care policy that meets the federal IRS requirements to qualify for a tax deduction.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	LTC03I.002 Non Qualified	A long term care policy that does not meet the federal IRS requirements to qualify for a tax deduction.
	LTC03I.003 Other	Not specifically described above.
LTC04G Group Long Term Care – Nursing Home		A policy or rider that provides coverage only while a policyholder is confined to a nursing home and meets the policy requirements for coverage.
	LTC04G.001 Qualified	Nursing home policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC04G.002 Non Qualified	Nursing home policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC04G.003 Other	Not specifically described above.
LTC04I Individual Long Term Care – Nursing Home		A policy or rider that provides coverage only while a policyholder is confined to a nursing home and meets the policy requirements for coverage.
	LTC04I.001 Qualified	Nursing home policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC04I.002 Non Qualified	Nursing home policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC04I.003 Other	Not specifically described above.
LTC05G Group Long Term Care – Nursing Home & Home Care		A policy or rider that would includes coverage for both institutional nursing home and home health care.
	LTC05G.001 Qualified	Nursing home and home health care policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05G.002 Non Qualified	Nursing home and home health care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05G.003 Other	Not specifically described above.
LTC05I Individual Long Term Care – Nursing Home & Home Care		A policy or rider that would includes coverage for both institutional nursing home and home health care.
	LTC05I.001 Qualified	Nursing home and home health care policies that would meet the federal IRS requirements to qualify for a tax deduction.
	LTC05I.002 Non Qualified	Nursing home and home health care policies that do not meet the federal IRS requirements to qualify for a tax deduction.
	LTC05I.003 Other	Not specifically described above.
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	Not specifically described above.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
Medicare Supplement		Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.
MS01 Medicare Supplement – Assumption Agreement	MS01.000 Medicare Supplement – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
MS02G Group Medicare Supplement – Pre-Standardized	MS02G.000 Medicare Supplement – Pre-Standardized	A plan issued prior to required federal standardization of Medicare supplement policy forms and rates.
MS02I Individual Medicare Supplement – Pre-Standardized	MS02I.000 Medicare Supplement – Pre-Standardized	A plan issued prior to required federal standardization of Medicare supplement policy forms and rates.
MS03G Group Medicare Supplement – Medicare + Choice	MS03G.000 Medicare Supplement – Medicare + Choice	A contract between a Medicare beneficiary and an insurer that has contracted with the federal government to provide both Medicare and Medigap type services to beneficiaries.
MS03I Individual Medicare Supplement – Medicare + Choice	MS03I.000 Medicare Supplement – Medicare + Choice	A contract between a Medicare beneficiary and an insurer that has contracted with the federal government to provide both Medicare and Medigap type services to beneficiaries.
MS04G Group Medicare Supplement – Medicare Select		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors are to receive full Medigap benefits.
	MS04G.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS04G.002 Plan B	Basic benefits plus Part A deductible.
	MS04G.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency.
	MS04G.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS04G.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, preventative Care, and also Foreign Travel Emergency.
	MS04G.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, and also Foreign Travel Emergency.
	MS04G.007 Plan F (High)	High deductible option.
	MS04G.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—80%, At-home Recovery, Foreign Travel Emergency, and At-home Recovery.
	MS04G.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	MS04G.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs.
	MS04G.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Extended Drugs, Part B Excess—100%, Foreign Travel Emergency, Preventive Care, and also At-home Recovery.
	MS04G.012 Plan J (High)	High deductible option.
MS04I Individual Medicare Supplement – Medicare Select		A type of Medigap plan under which a policyholder generally must use specific hospitals and, in some cases, doctors are to receive full Medigap benefits.
	MS04I.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS04I.002 Plan B	Basic benefits plus Part A deductible.
	MS04I.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency.
	MS04I.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS04I.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, preventative Care, and also Foreign Travel Emergency.
	MS04I.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, and also Foreign Travel Emergency.
	MS04I.007 Plan F (High)	High deductible option.
	MS04I.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—80%, At-home Recovery, Foreign Travel Emergency, and At-home Recovery.
	MS04I.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs.
	MS04I.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs.
	MS04I.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Extended Drugs, Part B Excess—100%, Foreign Travel Emergency, Preventive Care, and also At-home Recovery.
	MS04I.012 Plan J (High)	High deductible option.
MS05G Group Medicare Supplement – Standard Plans		A Medigap policy under which a policyholder may obtain services from any provider of care.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	MS05G.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS05G.002 Plan B	Basic benefits plus Part A deductible.
	MS05G.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency.
	MS05G.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS05G.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, Preventive Care, and also Foreign Travel Emergency.
	MS05G.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, & Foreign Travel Emergency.
	MS05G.007 Plan F (High)	High deductible option.
	MS05G.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—80%; At-home Recovery, and also Foreign Travel Emergency.
	MS05G.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs.
	MS05G.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs.
	MS05G.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, Foreign Travel Emergency, Preventive Care, At-home Recovery, and also Extended Drugs.
	MS05G.012 Plan J (High)	High deductible option.
MS05I Individual Medicare Supplement – Standard Plans		A Medigap policy under which a policyholder may obtain services from any provider of care.
	MS05I.001 Plan A	Basic benefits: blood after first 3 pints; Part A hospital coinsurance; Part B medical expense coinsurance.
	MS05I.002 Plan B	Basic benefits plus Part A deductible.
	MS05I.003 Plan C	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, and also Foreign Travel Emergency.
	MS05I.004 Plan D	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also At-home Recovery.
	MS05I.005 Plan E	Basic benefits plus skilled nursing coinsurance, Part A deductible, Preventive Care, and also Foreign Travel Emergency.

Uniform Life, Accident & Health, Annuity and Credit Coding Matrix

TOI	Sub-TOI	Description
	MS05I.006 Plan F (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, & Foreign Travel Emergency.
	MS05I.007 Plan F (High)	High deductible option.
	MS05I.008 Plan G	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—80%; At-home Recovery, and also Foreign Travel Emergency.
	MS05I.009 Plan H	Basic benefits plus skilled nursing coinsurance, Part A deductible, Foreign Travel Emergency, and also Basic Drugs.
	MS05I.010 Plan I	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B Excess—100%, Foreign Travel Emergency, At-home Recovery, and also Basic Drugs.
	MS05I.011 Plan J (Basic)	Basic benefits plus skilled nursing coinsurance, Part A deductible, Part B deductible, Part B Excess—100%, Foreign Travel Emergency, Preventive Care, At-home Recovery, and also Extended Drugs.
	MS05I.012 Plan J (High)	High deductible option.
MS06 Medicare Supplement - Other	MS06.000 Medicare Supplement - Other	Not specifically described above.
Multi-Line		Filings that may be submitted for both life and health insurance in one form such as an application.
ML01 Multi-Line – Assumption Agreement	ML01.000 Multi-Line – Assumption Agreement	An insurance certificate issued on an existing insurance contract indicating that another insurer has assumed all of the risk under the contract from the ceding insurance company.
ML02 Multi-Line - Other	ML02.000 Multi-Line - Other	Not specifically described above.
Viatical Settlements		
VS01 Viatical Settlements	VS01.000 Viatical Settlements	Contracts or agreements in which a buyer agrees to purchase all or a part of a life insurance policy.